

INGRASSIA FISHER & LORENZ, P.C.

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Shay, David M., Examiner	Vincent B. Ingrassia, Reg. No. 25,732
COMPANY:	DATE:
USPTO	MAY 10, 2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9306	19
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
703-308-4357	P775 CON 2 (009.1009X1C2)
RE:	RECIPIENT'S REFERENCE NUMBER:
Petition for Revival	10/010,911
Amendment	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

→ *URGENT - This is a copy of the Petition submitted July 13, 2004. Please expedite.*EXAMINING GROUP ART UNIT 3739
FORMAL COMMUNICATION
INTENDED FOR ENTRYFAX RECEIVED
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GROUP 3700

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16 (including cover page)

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JUL 13 2004 2:27:57 INGRASSIA FISHER & LORENZ PC		Va 2862 3. 1
INGRASSIA FISHER & LORENZ, P.C. 7150 E CAMBRIECK, SUITE 305 SCOTTSDALE, ARIZONA 85251 Telephone: (480) 385-5060 Facsimile: (480) 385-5061		
FACSIMILE TRANSMISSION REPORT		
TO:	FROM:	DP
Shay, David M., Examiner	Vincent B. Ingrassia, Reg. No. 25,732	
COMPANY:	DATE:	
USPTO	JULY 13, 2004	
FAX NUMBER:	TOTAL NO. OF PAGES ENCLOSED/COPIES	
703-672-8303	16	
PHONE NUMBER:	SENDER'S REFERENCE NUMBER	
703-508-4357	PT75 CON 2 (009.1002X1C2)	
RE:	RECEIVED/REFUSED NUMBER	
Patent for Revival Amendments	10/010,911	
DIRECT FOR REVIEW PLEASE COMMENT PLEASE REPLY FAX AND ASCII		
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EXAMINING GROUP ART UNIT 3739 FORMAL COMMUNICATION INTENDED FOR ENTRY		
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PAGE 1/18 * RCVD AT 7/13/2004 5:27:56 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/4 * DNIS:8729306 * CSID:4803855061 * DURATION (mm:ss):05:32		

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No. 9542 P. 3

P. 1

* * * Transmission Result Report (MemoryTX) (Jul. 13. 2004 2:31PM) * * *

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SCOTTSDALE, ARIZONA 85251
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PACENTEL TRANSMISSION REPORT

TO:	FROM:
Stacy, David M., Esq./cc:	Vincent B. Ingrosso, Reg. No. 25733
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TEL NUMBER:	TOTAL NO. OF IMAGE TRANSMITTED: 18
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RECALL COMMENT

EXAMINING GROUP ART UNIT 3739
FORMAL COMMUNICATION
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200517 11:12:46

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Shay, David M., Examiner	Vincent B. Ingrassia, Reg. No. 25,732
COMPANY:	DATE:
USPTO	JULY 13, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9306	16
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
703-308-4357	P775 CON 2 (009.1009X1C2)
RE:	RECIPIENTS REFERENCE NUMBER:
Petition for Revival	10/010,911
Amendment	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

EXAMINING GROUP ART UNIT 3739
FORMAL COMMUNICATION
INTENDED FOR ENTRY

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/010,911
		Filing Date	11/20/2001
		First Named Inventor	Victor I. Chomenky
		Art Unit	3739
		Examiner Name	Shay, David M.
Total Number of Pages in This Submission	15	Attorney Docket Number	P775 CON 3 (009.1009X1C2)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Revival <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
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			<input type="checkbox"/> Proprietary Information
			<input type="checkbox"/> Status Letter
			<input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Vincent B. Ingrassia, Reg. No. 25,732
Signature	
Date	7/13/05

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Type or printed name	Vincent B. Ingrassia
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Date	7/13/05

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FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,330.00)

Complete if Known

Application Number	10/010,911
Filing Date	11/20/2001
First Named Inventor	Victor I. Chomenky
Examiner Name	Shay, David M.
Art Unit	3739
Attorney Docket No.	P775 CON 2 (009.1008X1C2)

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account

Deposit Account Number	50-2091
Deposit Account Name	Ingrassia Fisher & Lorenz, P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20=	<input type="text"/> X 18.00 =	
Multiple Dependent	-3*=	<input type="text"/> X 88.00 =	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 88	2204 43	**Reissue Independent claims over original patent	
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

Other fee (specify)

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SUBTOTAL (3) (\$1330.00)

SUBMITTED BY

Name (Print/Type)	Vincent B. Ingrassia	Registration No. (Attorney/Agent)	25,732	Telephone	(480) 385-5080
Signature				Date	7/13/04

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Appl. No. 10/010,911

Reply to Office Action of June 14, 2004

UTILITY PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

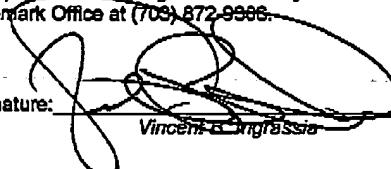
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MAY 10 2005

Appl. No. : 10/010,911 Confirmation No. 6127
Applicant : Victor I. Chornenky
Filed : 11/20/2001
Title : DEVICE FOR DELIVERING LOCALIZED X-RAY
RADIATION TO AN INTERIOR OF A BODY AND METHOD OF
MANUFACTURE
TC/A.U. : 3739
Examiner : Shay, David M.
Docket No. : P775 CON 3 (009.1009X1C2)
Customer No. : 29,906

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on 7/13/04Signature: 

Vincent A. Ingrassia

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is in response to the Office Action dated April 1, 2003. Please amend
the above-identified application as follows:

May. 10. 2005 8:00AM INGRASSIA FISHER & LORENZ PC

No. 9542 P. 10

Appl. No. 10/010,911
Reply to Office Action of June 14, 2004

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.